

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to Provisional and PCT International Applications)

ATTORNEY'S DOCKET NUMBER

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Muco-Adhesive Polymers, Use thereof and Method for Producing the Same

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Number _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/AT99/00265

on 4 November 1999

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(e) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119:

| COUNTRY (if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. §119 |
|-------------------------------------|--------------------|--------------------------------------|---|
| Austria | A 1828/98 | 4 November 1998 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED)
(Includes Reference to Provisional and PCT International Applications)

ATTORNEY'S DOCKET NO.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to the patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS

STATUS (check one)

U.S. APPLICATION NUMBER

U.S. FILING DATE

PATENTED

PENDING

ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.

PCT FILING DATE

U.S. APPLICATION NUMBERS
ASSIGNED (if any)

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

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Platon N. Mandros 22,124
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|---|--|---------------------------------|
| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED) (Includes Reference to Provisional and PCT International Applications) | | ATTORNEY'S DOCKET NO. |
| FULL NAME OF SOLE OR FIRST INVENTOR Andreas BERNKOP-SCHNÜRCH | | SIGNATURE <i>[Signature]</i> |
| RESIDENCE Vienna, Austria ATX | | DATE 10/3/13/01 |
| POST OFFICE ADDRESS Christophgasse 6/11, A-1050 Wien, Austria | | CITIZENSHIP Austrian |
| FULL NAME OF SECOND JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF FIFTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF SIXTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |
| FULL NAME OF NINTH JOINT INVENTOR, IF ANY | | SIGNATURE |
| RESIDENCE | | DATE |
| POST OFFICE ADDRESS | | CITIZENSHIP |